24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
	DENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C00488494	
Check If X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
XPS Professional Services	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 220 E Adams St		
Suite 200 Amount		
City State Zip Code Springfield IL 62701	20528.52	
Transaction	1 ID : SE.4936	
Purpose of Expenditure Voter Contact Mail (also supports Biggert) Category/ Type Office Sought:	House State: IL Senate District: 11	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
G. WILLIAM (BILL) FOSTER Check One:	Support Dppose	
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General (specify)	
Full Name (Last, First, Middle Initial) of Payee Date		
XPS Professional Services	/ D D / Y Y Y Y	
Mailing Address 220 E Adams St	24 2012	
Suite 200 Amount		
City State Zip Code	20000 50	
Springfield IL 62701	20608.59 n ID : SE.4937	
Purpose of Expenditure Category/ Office Sought:	House State: IL	
Voter Contact Mail (also supports Davis) Type	Senate District: 13	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
DAVID MICHAEL GILL Check One:	Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General	
(a) SUBTOTAL of Itemized Independent Expenditures	41137.11	
	7	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7 7 4 .	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise [Electronically Filed] Date 10 25		
Signature		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
Check If Z 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
XPS Professional Services	Date M M / D D / Y Y Y Y Y Y Y Y Y	
Mailing Address 220 E Adams St	Amount	
Suite 200 // City State Zip Code	unoun	
Springfield IL 62701	22730.70 ransaction ID : SE.4938	
	Sought: House State: IL Senate District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER Check	One: President Oppose Oppose	
Calendar Year-To-Date Per Election for Office Sought 162689.59 Disburs 2012	sement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date 10 24 7 2012	
Mailing Address 220 E Adams St	24 2012	
Suite 200	Amount	
City State Zip Code Springfield IL 62701	18607.86 ransaction ID : SE.4939	
	Sought: House State: IL Senate District: 12	
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART Check	One: President Oppose	
Calendar Year-To-Date Per Election for Office Sought 149333.78 Disburs 2012	sement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	41338.56	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise [Electronically Filed] Date 10	25 2012	
Signature		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
Check If X 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee	Date	
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address 220 E Adams St	10242012	
Suite 200	Amount	
City State Zip Code	18618.06	
Springfield IL 62701	Transaction ID : SE.4940	
Votor Contact Mail (also supports Schilling)	fice Sought: House State: IL	
туре	Senate District: 17 President	
Name of Federal Candidate Supported or Opposed by Expenditure:	neck One: Support X Oppose	
CHERI BUSTOS Cr	Support Oppose	
Calendar Year-To-Date Per Election 180327.80 Dis	sbursement For: Primary General	
for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address 220 E Adams St	10242012	
Suite 200	Amount	
City State Zip Code	21726.51	
Springfield IL 62701	Transaction ID : SE.4941	
	fice Sought: House State: IL	
Voter Contact Mail (also supports Walsh) Type	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
L. TAMMY DUCKWORTH	neck One: Support Oppose	
Laterdal feat-10-date Fet Flection	sbursement For: Primary General	
for Office Sought 262329.76 201	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	40344.57	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7	
(c) TOTAL Independent Expenditures	122820.24	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gragom Raisa		
Gregory Baise [Electronically Filed] Date	10 25 2012	
Signature		